



State of Louisiana

Department of Health and Hospitals

Office of Public Health

Engineering Services Operator Certification

Complaint Pertaining to Certified Operator

Anyone may bring a complaint against a certified operator for malfeasance and actions which demonstrate inadequate performance, judgment, or direction affecting the safety, sanitary quality or quantity of water or sewage treated or delivered. This complaint should be addressed to the Committee of Certification. This form should be filled out and mailed to the following address:

Louisiana Department of Health & Hospitals
Office of Public Health – Operator Certification Program
P.O. Box 4489
Baton Rouge, LA 70821-4489

This form is voluntary and may be used as guidance in making your complaint.

Name of Operator In Question: _____ Op ID # _____

Describe the justification for the complaint in detail with factual accusations with substantiation of details including the following as applicable: (a written statement may be attached or used instead of this form)

- A statement of facts upon which the Complaint is based;
- A proposed solution to the problem.

Submit your request to the Committee of Certification through the Administrator of the Operator Certification Section to the above address.

Signature

Date

Printed Name of Complainant

Phone

Mailing Address: _____
Street or Post Office Box

City State Parish Zip